

EDITORIAL

More on PSRO's

TWO THOUGHTFUL PAPERS on the pros and cons of the Professional Standards Review Organizations (PSRO's) appear elsewhere in this issue. The authors of both are noted for the depth of their perception and of their scholarship in the problems of assuring the quality of medical care in today's political and practice environment. At the present moment there is no general agreement about how best to deal either with the PSRO's mandated by Public Law 92-603 or how else to provide the necessary public accountability for the quality and appropriateness of patient care paid for with some 31 billion of the taxpayers' dollars. So far the heat generated has been fairly intense. It is hoped that the papers of Sanazaro and White will provide some new and needed illumination for professional examination of this perplexing problem which is unlikely either to be consumed by the heat it generates or otherwise to disappear.

—MSMW

Legg-Calvé-Perthes

Legg-Calvé-Perthes disease has been comprehensively reviewed elsewhere in this issue of THE WESTERN JOURNAL OF MEDICINE.

Recently Michael A. R. Freeman of London¹ demonstrated the model of this disease by creation of successive "infarcts" of the femoral head in dogs, weakening the supporting structures of the proximal femoral epiphysis. Again Legg-Calvé-Perthes disease is simulated in the laboratory and is attributed to a vascular insufficiency but its true etiological mechanism in the child eludes us.

An "irritable" hip joint in the limping child is suspect. The "irritable" hip as evidenced by limited motion should be of major concern to the treating physician. To accept the concept that "there is no difference in the long term results of the treated or untreated care of Legg-Perthes" is

to condemn a certain number of children to an avoidable hip problem at skeletal maturity.

In the last ten years there has been a revival of interest in this condition. Though the cause is elusive, knowledge of the disease has increased and its treatment improved. Containment of the femoral head in the acetabulum has in the past given, and will continue to give, good prognosis for recovery. The more conservative approach of traction can be followed until there is a full range of motion without irritability. Closed or open surgical procedure with release of a tight iliopsoas or adductors of the hip to achieve containment and maintained in the acetabulum until the disease is well into the reparative phase will give a satisfactory result. The containment, whether by conservative traction or open reduction, can be maintained by abduction casts as described by Petrie with combined abduction of 90 degrees and internal rotation as tolerated. Weight-bearing is preferable in the casts to help hold the mold of the head in the acetabulum. Over the past five years we have not found it necessary or advisable to perform osteotomy of either the acetabulum or femoral side of the joint to achieve "containment" in the degenerative phase of the disease. Some surgeons continue to advocate these latter procedures to contain the femoral head that has escaped the periphery of the acetabulum.

Our recent series of approximately twenty patients treated consecutively during the past eight years, with 90 degrees of combined abduction maintained, has borne out the important additional dividend described by Petrie. In no patient has the hip that was uninvolved at the time of initial treatment been subsequently involved with Legg-Calvé-Perthes disease.

There is abundant and growing evidence that Legg-Calvé-Perthes disease does indeed warrant continued treatment from onset of symptoms until well into the reparative phase.

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REFERENCE

1. Freeman MAR: Address given to American Academy of Orthopedic Surgeons, Dallas, Texas, Jan 1974